

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)



|   |   |  |
|---|---|--|
| <div>Application Number</div> <div>10/769,574</div> |   |  |
|   |   | <div>Filing Date</div> <div>January 29, 2004</div>     |
|   |   | <div>First Named Inventor</div> <div>Bret Berner</div> |
|   |   | <div>Art Unit</div> <div>1616</div>                    |
|   |   | <div>Examiner Name</div> <div>Edward J. Webman</div>   |
| <div>Mail Stop</div> <div>Amendment</div>           | <div>Attorney Docket Number</div> <div>73100-001-10</div> |  |

## ENCLOSURES (Check all that apply)

|   |   |  |              |              |        |               |              |  |               |  |                    |  |       |  |  |  |  |  |
|---|---|--|--------------|--------------|--------|---------------|--------------|--|---------------|--|--------------------|--|-------|--|--|--|--|--|
| <input checked="" type="checkbox"/> No fee due<br><input type="checkbox"/> Fee(s) due: \$<br><input checked="" type="checkbox"/> Check enclosed<br><input type="checkbox"/> Charge Deposit Account No. 18-0580<br><input type="checkbox"/> 37 CFR § 1.16<br><input type="checkbox"/> 37 CFR § 1.17<br><input checked="" type="checkbox"/> The Commission is authorized to charge any underpayment or credit any overpayment to Deposit Account No. 18-0580<br><input checked="" type="checkbox"/> Return postcard<br><input type="checkbox"/> Amendment/Response<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s) -<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> -Month Extension of Time | <input type="checkbox"/> Terminal Disclaimer<br><input checked="" type="checkbox"/> Supplemental Information Disclosure Statement & PTO-1449 Form(s)<br><input type="checkbox"/> Cited reference copy(ies)<br><input type="checkbox"/> Response to Missing Parts / Incomplete Application<br><input type="checkbox"/> Declaration(s) by Inventor(s)<br><input type="checkbox"/> Preliminary Amendment<br><input type="checkbox"/> Updated Application Data Sheet<br><input type="checkbox"/> Drawing(s) - ___ Sheets<br><input type="checkbox"/> Compact Disk(s) - ___ CD(s)<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Power of Attorney & Address Indication Form | <input type="checkbox"/> Revocation of & New Power of Attorney, Address Indication Form<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> After Allowance Communication to a Technology Center (TC)<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Other Enclosure(s) (see remarks):<br><br><div>Claim Count</div> <table border="1"> <tr> <td>Total Claims</td> <td></td> <td>- 20 =</td> <td></td> <td>Extra Claims</td> <td></td> <td>New Claim No.</td> <td></td> </tr> <tr> <td>Independent Claims</td> <td></td> <td>- 3 =</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | Total Claims |              | - 20 = |               | Extra Claims |  | New Claim No. |  | Independent Claims |  | - 3 = |  |  |  |  |  |
| Total Claims  |   | - 20 =   |              | Extra Claims |        | New Claim No. |              |  |               |  |                    |  |       |  |  |  |  |  |
| Independent Claims  |   | - 3 =  |              |              |        |               |              |  |               |  |                    |  |       |  |  |  |  |  |

## REMARKS

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|  |  |
|--|--|
| <div>Firm or Individual Name (print/type)</div> <div>Karen Canaan, Esq., Reg. No. 42,382</div> | <div>Telephone</div> <div>(650) 251-7700</div> |
| <div>Signature</div> <div><i>Karen Canaan</i></div>  | <div>Date</div> <div>August 2, 2006</div>      |

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

|  |   |   |
|--|---|---|
| <div>Name (print/type)</div> <div>Yesenia Garcia</div> | <div>Signature</div> <div><i>Yesenia Garcia</i></div> | <div>Date</div> <div>August 2, 2006</div> |
|--|---|---|



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Bret Berner and Jenny Louie-Helm

Confirmation No. 8962

Application Serial No. 10/769,574

Group Art Unit: 1616

Filing Date: January 29, 2004

Examiner: Edward J. Webman

Title: GASTRIC RETENTIVE ORAL DOSAGE FORM WITH RESTRICTED DRUG RELEASE IN THE LOWER GASTROINTESTINAL TRACT

**SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT  
FILED PURSUANT TO 37 C.F.R. § 1.97(a)(3)**

**Mail Stop Amendment**

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Pursuant to 37 C.F.R. § 1.97(a)(3), applicants respectfully request that the Examiner review and make of record the single U.S. patent reference identified in the attached PTO-1449 form. Applicants respectfully request that the Examiner initial and attach a copy of the initialed PTO-1449 with the next Office Communication so that applicants can confirm that the cited reference has been reviewed and made of record. As this application was filed after June 30, 2003, pursuant to MPEP § 609, a copy of the cited U.S. patent is not attached to this Information Disclosure Statement ("IDS").

This IDS is not intended as a representation that a search has been made, that additional information material to the examination of this application does not exist, or that any of the above references constitutes prior art to the present application within the meaning of 35 U.S.C. § 102.

As this IDS is filed pursuant to 37 C.F.R. § 1.97(a)(3) before the mailing of a first Office Action, no fee accompanies this IDS; however, if the Office deems that a fee is required in order to process this paper or if the Office finds that an overpayment has been made for this case, then the Commissioner is authorized to charge such fee or to credit any overpayment to Deposit Account No. 18-0580.

Respectfully submitted,

By:

Karen Canaan

Registration No. 42,382

MINTZ LEVIN

1400 Page Mill Road

Palo Alto, California 94304-1124

APR 17 2006  
AUG 07 2006  
SURE

(use as many sheets as necessary)

|                               |                  |
|-------------------------------|------------------|
| <b>Application Number</b>     | 10/769,574       |
| <b>Filing Date</b>            | 01.29.2004       |
| <b>First Named Inventor</b>   | Bret Berner      |
| <b>Art Unit</b>               | 1616             |
| <b>Examiner Name</b>          | Edward J. Webman |
| <b>Attorney Docket Number</b> | 73100-001-10     |

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| Sheet | 1 | of | 1 |
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[illegible]

TRA 2181292v.1

|                    |                |                 |            |
|--------------------|----------------|-----------------|------------|
| Examiner Signature | /Andriae Holt/ | Date Considered | 04/09/2008 |
|--------------------|----------------|-----------------|------------|

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.